2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Apr 02, 2001 8:00 am Secretary of State DOCUMENT # P99000004295 DISCOUNT LENDING CORP. 04-02-2001 90300 039 ***158.75 Principal Place of Business Mailing Address 2425 N. COURTENAY PKWY. #1-A 8570 COMMERCE ST MERRITT ISLAND FL 32953 #232 CAPE CANAVERAL FL 32920 ommerce St. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3550998 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DAIGLE, JULIAN J Street Address (P.O. Box Number is Not Acceptable) 8570 COMMERCE ST # 232 CAPE CANAVERAL FL 32920 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (10/00) ☐ Delete TITLE TITLE DAIGLE, JULIAN NAME NAME STREET ADDRESS 8570 COMMERCE ST # 232 STREFT ADDRESS CITY-ST-ZIP CITY-ST-ZIE CAPE CANAVERAL FL 32920 TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ____ Addition -: TITLE -TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if